

COMMONWEALTH OF KENTUCKY  
CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR MEDICAID SERVICES

IN RE: OPTOMETRIC CARE TECHNICAL ADVISORY COMMITTEE  
MEETING

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February 4, 2021  
1:00 P.M.  
(All Participants Appeared Via Zoom or Telephonically)

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**APPEARANCES**

Matthew Burchett  
CHAIR

James Sawyer  
Steve Compton  
Gary Upchurch  
TAC MEMBER PRESENT

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APPEARANCES  
(Continued)

Stephanie Bates  
Veronica Cecil  
Angie Parker  
Judy Theriot  
Sharley Hughes  
Jessin Joseph  
MEDICAID SERVICES

(Court Reporter's Note) At the request of DMS, all other participants appearing via Zoom or telephonically will not be listed under Appearances?

## AGENDA

1. Call to Order
2. Approval of November 2020 TAC Minutes
3. Would like to confirm with DMS that all Presumptive Medicaid was moved to UHC on 1/1/21
4. Medicaid Providers having to contract with KHIE.  
Is there a timeline for this to happen?
5. Last week's MAC Mtg - Reported that KYHealth.net has a spot to report missed appointments. IS DMS looking for Optometry volunteers?
6. Follow-Up from Last TAC - Durysta coverage if J7351 has been added to DMS Drug List?
7. Discussion/Remarks on the Contact Lens Value Add-On Benefit from some of the MCOs.  
- Concerns on how patients will use this benefit.
8. Anthem/EyeQuest: Discussion on Contact Lens Billing, billing the fitting and materials together.
9. Wellcare/Avesis: Discussion on the Adult contact lens billing, fitting fee and material benefits not matching the total benefit. Please be able to provide explanation on billing.
10. Wellcare/Avesis: Adult Glasses benefit. Issues in January with orders/claims.
11. UHC & Molina - March Vision:
  - Children Materials Discussion.
  - How long is it taking March Vision to credential optometrists?
  - Optometrists contracting with Molina/Passport and UHC directly for professional services?
  - Dr. Compton - His office received a letter about high volume vision claims and had not billed a patient yet.
  - Does March Vision have a KY licensed optometrist who reviews denied claims.
12. Discussion with all MCOs and Vision Contractors:  
OMDs and ODs billing to the same entity.

AGENDA  
(Continued)

Next TAC Date Scheduled: May 6th at 1:00 P.M.

1 DR. BURCHETT: I want to thank  
2 everybody for coming today. Let's just go ahead and  
3 get started.

4 The first item on the agenda  
5 was the approval of the minutes from November.

6 DR. COMPTON: So moved.

7 DR. UPCHURCH: I second it,  
8 Matt.

9 DR. BURCHETT: Any discussion on  
10 the minutes? If no discussion, then, all in favor  
11 adopting the minutes and approving them from last  
12 meeting, say aye. Good deal.

13 Moving on, just a couple of  
14 things that we wanted to ask the Department, Sharley,  
15 and one is the first question. We'd like to confirm  
16 with you all that the Presumptive Medicaid was all  
17 moved to United Healthcare in January.

18 MS. CECIL: Hi, Dr. Burchett.  
19 This is Veronica Cecil, Deputy Commissioner with  
20 Medicaid. I did want to let you know that, yes,  
21 effective 1/1/21, we did move all Presumptive  
22 Eligibility to United Healthcare.

23 DR. BURCHETT: Okay. And did I  
24 understand right that that lasts until March of this  
25 year?

1 MS. CECIL: Currently, our  
2 Presumptive Eligibility, they're allowed two periods  
3 and each period is the month of enrollment plus two  
4 months. So, you will see if they were enrolled in  
5 January, their coverage is effective through the end  
6 of March.

7 We will be automatically  
8 extending again as we did last year for anybody  
9 that's enrolled. They'll get an automatic extension  
10 for the second period. The communication they get  
11 lets them know that if they don't want to utilize the  
12 coverage, then, they should report that so we can  
13 disenroll them from it, but that's the plan for right  
14 now.

15 DR. BURCHETT: Okay. Any  
16 questions from anybody on that one?

17 MS. CECIL: Let me just add.  
18 The intent of this and what we hope is that people in  
19 Presumptive Eligibility actually apply for full  
20 Medicaid coverage.

21 We are trying to do outreach  
22 and encourage people in Presumptive Eligibility, and  
23 certainly we appreciate providers encouraging as well  
24 for them to go ahead and apply for full Medicaid.

25 DR. BURCHETT: Thank you. Any

1 questions, TAC members, or are we good?

2 DR. UPCHURCH: Is that all going  
3 through March Vision?

4 MS. CECIL: If that's United's  
5 subcontractor. If United is on here, perhaps they  
6 could answer that question.

7 MS. GLEASON: Yes. Josette  
8 Gleason from United. That's correct.

9 DR. UPCHURCH: And, so, if those  
10 doctors in Kentucky who have not been able to get  
11 credentialed through March Vision, we just have to  
12 turn those people away and are denied, right?

13 MS. GLEASON: So, Ann, are you  
14 with us? Ann Ritchey from March, are you with us?

15 MS. HUGHES: I don't see her on  
16 the list here.

17 MS. GLEASON: She was here a few  
18 minutes ago. Maybe she didn't make it back in.

19 MS. HUGHES: And there's not  
20 anybody in the waiting room to be admitted or that  
21 hadn't gotten in yet.

22 MS. CECIL: Ann Ritchey, I do  
23 see her on but she's muted.

24 MS. GLEASON: No one can hear  
25 her. She's talking but no one can hear her. So, not

1 to delay this group, let me take the question back.  
2 How is that for efficiency?

3 MS. HUGHES: Ann, try \*6 if  
4 you're calling in on your phone.

5 MS. RITCHEY: Did that work?  
6 Can you hear me now?

7 MS. HUGHES: Yes.

8 MS. RITCHEY: Thank you for the  
9 tip. This is Ann Ritchey with March Vision Care. I  
10 was on mute. So, thank you for the help there.

11 I believe the question was  
12 around credentialing. And if there is a provider  
13 that hasn't been credentialed yet, I would encourage  
14 them to contact us directly and we can work to  
15 resolve that.

16 I have been in touch with our  
17 credentialing team and understand that the turn time  
18 is quite quick in Kentucky. So, perhaps there is  
19 some documentation that's missing, but we can  
20 research that provider by provider.

21 MS. HUGHES: Can they reach out  
22 to you, Ann?

23 MS. RITCHEY: You know what?  
24 Why don't I put in the Chat the right number to  
25 contact and that way they will be served promptly.



1 MS. HUGHES: Okay. That would  
2 be great.

3 DR. BURCHETT: Gary, this is Dr.  
4 Burchett here. Have you had trouble getting  
5 credentialed?

6 DR. UPCHURCH: I've had a  
7 nightmare and I don't know whether you want to hear  
8 my long saga or not and I still have not been, and it  
9 was not my fault because they were looking us up by  
10 employer ID.

11 We did not even get a contract  
12 because we have offices both in Tennessee and  
13 Kentucky, and the Tennessee offices were already  
14 contracted. So, they didn't even send us a contract  
15 to sign.

16 DR. BURCHETT: I had the same  
17 problem.

18 DR. UPCHURCH: I have never had  
19 this much trouble with any group.

20 DR. BURCHETT: Well, and I'll  
21 tell you, and this might go to some of the turnaround  
22 times that she was mentioning, but every time we  
23 call, they give us a ticket number and say that  
24 someone will get back to us in five to seven days and  
25 we have yet to be gotten back to and it's been a week

1 and a half.

2 DR. UPCHURCH: The last part of  
3 this saga just happened right before this meeting,  
4 and the person we were talking to is Elizabeth Bassin  
5 (sic). I would give her five stars. She's  
6 wonderful, she needs a raise, but she has uploaded  
7 all of our stuff.

8 We were supposed to have gotten  
9 the contract to sign on the 1<sup>st</sup>. I looked through  
10 all my emails, all the trash, all the spam that  
11 didn't arrive. They're sending it to us again but  
12 they're still telling us that our uncredentialed  
13 doctors will take sixty to ninety days to credential.

14 At this particular time, in  
15 five of our Kentucky offices which there's no other  
16 eye care except one, we are turning away at least  
17 four patients per day. So, we're looking at twenty  
18 patients a day that are not getting care.

19 And, so, this has just been  
20 unreal but not on Elizabeth's point. She has done  
21 her job and she is expediting everywhere. So, it's  
22 been a real problem.

23 MS. RITCHEY: This is Ann at  
24 March again. Who was just speaking? I apologize. I  
25 didn't catch your name.

1 DR. UPCHURCH: This is Dr.  
2 Upchurch. We have eight offices, five in Kentucky  
3 and three in Tennessee; and in Tennessee, we are  
4 already credentialed with March and it worked very  
5 smooth but Kentucky has not been that way.

6 MS. RITCHEY: I will follow up  
7 with Elizabeth just to get some more details, and I  
8 appreciate the kind comments about her and will  
9 certainly pass that along.

10 I did connect, as I mentioned,  
11 with our leadership in the Credentialing Department  
12 and understood that the turn time was substantially  
13 less than the sixty to ninety days.

14 So, I don't know why that is  
15 being communicated, but, again, we will certainly be  
16 happy to do some research on that.

17 DR. UPCHURCH: I actually would  
18 prefer more than research. I would prefer quick  
19 action. This has been - I mean, it's hard when  
20 you're turning twenty people away a day that need  
21 care and they're going to have to drive twenty-five  
22 miles to another town to get it, if they get it.

23 We are still seeing emergencies  
24 knowing we won't get paid because they told us up  
25 front they would not backdate. So, we're still

1       seeing emergencies for free but this has been  
2       ridiculous.

3                       MS. RITCHEY: Absolutely. When  
4       I said research, I should have been more specific and  
5       said we will certainly take action as well and see  
6       what has happened.

7                       I, unfortunately, don't have  
8       details for you now but absolutely can do research  
9       and take some action and make certain that someone  
10      from our team, if not myself, gives you a phone call  
11      back.

12                      DR. UPCHURCH: Well, I would  
13      certainly like to exchange information with you.

14                      MS. HUGHES: I was just going to  
15      say, Dr. Upchurch, could you give her your contact?

16                      DR. UPCHURCH: Okay. I don't  
17      know how to do that but Tammy will.

18                      MS. HUGHES: You can do it in  
19      the Chat. Just click on her name and out to the side  
20      you can do it private.

21                      DR. UPCHURCH: All right. She's  
22      doing it right now. Thank you.

23                      MS. CECIL: While you all do  
24      that, so, thank you for bringing this to the  
25      Department's attention and we certainly will also

1 follow up on it.

2 DR. BURCHETT: Steve, since  
3 we're talking about March already - it was going to  
4 be the last thing - but let's go ahead and finish up  
5 some items at the bottom of the agenda there for  
6 March since we're already on it.

7 I know you had a thing with a  
8 letter you received if you want to ask about that.

9 DR. COMPTON: We got a letter  
10 dated 1/14: You're receiving this communication  
11 because our records indicate that there's a high  
12 volume of materials orders being faxed in to March  
13 Vision Care by your practice.

14 We saw our first two March  
15 patients today. So, we haven't sent anything in. I  
16 don't know where that's coming from.

17 MS. RITCHEY: I'd be happy to  
18 put my email in the Chat for you if you could scan  
19 and take a copy of that letter. I'm not familiar  
20 with the letter. So, I don't know if it was a human  
21 error in sending that to you.

22 We also administer services for  
23 the DSNP population. So, if it was related to that,  
24 but, again, I'm happy to look at that but don't know,  
25 like I said, not familiar with the letter, so, not

1       sure what that was in reference to.

2                       DR. COMPTON: I'll just shoot  
3       from the hip. My gut reaction was, do these folks  
4       know what they're doing? So, anyway, I don't know if  
5       I'm the only one that got it or dozens of us got it,  
6       but, like I said, we saw our first two March Vision  
7       patients today. So, I'll get this to you somehow,  
8       whatever we've got to do.

9                       MS. RITCHEY: Okay. Thank you.

10                      MS. HUGHES: Ann, can you put  
11       your email in the Chat so they can get that?

12                      MS. RITCHEY: I will, yes.

13                      MS. HUGHES: Thank you.

14                      DR. BURCHETT: The other item  
15       there for I guess March Vision is, is there going to  
16       be any changes to the children's materials' benefits  
17       or is the fee schedule that we've received going to  
18       be what you all are going to stick with?

19                      MS. RITCHEY: The specific  
20       contract in question and the reimbursement questions  
21       would need to be addressed directly provider by  
22       provider to the Network Development Team. So, I  
23       don't have any specifics for you on the reimbursement  
24       rates for any particular provider.

25                      DR. BURCHETT: Well, and I

1 understand that it can be different between each  
2 provider, but the initial fee schedules - I don't  
3 know if the other members have received that - but  
4 that I have received, there's just not enough  
5 reimbursement to cover material lab costs for  
6 children's frames and, then, lenses.

7 So, we won't be taking the  
8 material benefit for the kids because we just can't  
9 make the glasses for them at that cost.

10 MS. RITCHEY: And, again, I  
11 can't address that. I don't have the specifics on  
12 each provider's reimbursement and the rates that were  
13 offered.

14 So, I would encourage people to  
15 work with their Network Development Team and discuss  
16 that. Again, I, unfortunately, don't have details on  
17 the rates.

18 DR. BURCHETT: That's fine, and  
19 we have and they didn't change ours at all. I just  
20 got mine back about an hour before this meeting.

21 We cover a good swath of  
22 Southeastern Kentucky which is a high-density  
23 Medicaid area and there's going to be a lot of kids  
24 in that area that we cover and we're the only ones in  
25 the counties that we cover that are not going to be

1 able to get glasses because of that. So, I just  
2 wanted to see if there was any other way to go about  
3 it because we've already talked with the development  
4 team to try to see if there's any change that can be  
5 made to our fee schedule.

6 MS. RITCHEY: And like I said, I  
7 know that the rates that are paid to the providers  
8 are really distinct provider to provider. So, I'm  
9 happy - I think this is Dr. Burchett speaking.

10 DR. BURCHETT: It is, yes. I'm  
11 sorry.

12 MS. RITCHEY: No, no. That's  
13 okay. I just wanted to make certain I was  
14 recognizing the voice correctly. So, can certainly  
15 relay that to the Director of the Network Development  
16 Team; but, again, the rates are specific provider to  
17 provider, so, really can't address those.

18 DR. UPCHURCH: This is Dr.  
19 Upchurch. Can I interject one thing?

20 DR. BURCHETT: Certainly. Go  
21 ahead, Gary.

22 DR. UPCHURCH: What Matt is  
23 referring to, what is going to happen is there's  
24 going to be hardly any doctor in the state that's  
25 going to accept that type of reimbursement for lens



1 and frames because we're actually going to be making  
2 them at a loss.

3 So, I know you can't negotiate  
4 that, but somebody up above needs to know that - I  
5 mean, what they sent us in the beginning and what  
6 Matt is referring to is ridiculous, the prices. I  
7 mean, I hate to be blunt but that's just the way it  
8 is.

9 DR. BURCHETT: And to further  
10 that, Gary, the adult benefit that they've offered is  
11 more than the children's benefit----

12 DR. UPCHURCH: Exactly.

13 DR. BURCHETT: ----which doesn't  
14 make any sense.

15 DR. UPCHURCH: Now, while we're  
16 on that, I asked Elizabeth specifically if UHC was  
17 going to cover adult glasses because it's not on that  
18 list and her response was she had no indication that  
19 they would not. So, where are we at there if we do  
20 get through all this?

21 MS. RITCHEY: Well, the benefits  
22 are determined by the individual health plans. At  
23 the current time, the United Healthcare plan does not  
24 offer a frame and lens benefit for the adult  
25 population. So, that I would have to defer to the

1 health plan if they are going to be making changes.  
2 So, that's something that's not within March's - you  
3 know, we don't make that particular decision.

4 DR. UPCHURCH: Okay.

5 MS. GLEASON: Hi. It's Josette  
6 from United. I have a note on this as a takeaway  
7 item about the benefit for adult.

8 DR. COMPTON: This is Dr.  
9 Compton. I will echo those comments. I think my  
10 frame benefit was like \$5 or something. We won't be  
11 doing that. We won't be around long.

12 DR. BURCHETT: Which, Steve,  
13 would bring me to one of the other things because  
14 it's on the list. If we're deciding not to take the  
15 material benefit from March and just were going to do  
16 the services and exams, can we contract directly with  
17 Passport and United instead of through March just to  
18 cut the middleman out for service? Is there anybody  
19 on that can answer that?

20 MS. RITCHEY: This is Ann at  
21 March Vision care again and I can't speak to what  
22 United or Molina would do for contracting. We are a  
23 contracting optometrist. If there's a decision that  
24 you want to do the exams only and, then, the medical  
25 services within the scope of an optometrist, that can

1 be included in your contract with March, but the  
2 possibility of contracting directly with the health  
3 plans I would need to refer to the health plans for  
4 that question.

5 MS. GLEASON: It seems like I've  
6 got a number two item on my takeaway list. Thank  
7 you.

8 DR. BURCHETT: And the other  
9 question I would have, how are you treating  
10 ophthalmologists that don't do glasses? Do they  
11 contract directly with Molina and United or do they  
12 go through March as well?

13 MS. RITCHEY: So, I can answer  
14 from the March perspective. So, if ophthalmologists  
15 are interested in doing the routine services, they  
16 certainly can contract with us. That's absolutely  
17 not a problem; but for all of the surgical  
18 procedures, they would contract with the health  
19 plans.

20 DR. COMPTON: So, we would  
21 contract with the health plans for our surgical  
22 procedures as well?

23 MS. RITCHEY: No. Those would  
24 flow through March Vision Care. So, anything that's  
25 within the scope of an optometrist for the optometric

1 community comes to March Vision Care.

2 DR. COMPTON: I view that as  
3 very discriminatory. We should be treated the same  
4 for the same services. That's my opinion.

5 DR. BURCHETT: Well, it states  
6 in Kentucky law----

7 DR. COMPTON: And it may be a  
8 law.

9 DR. BURCHETT: It is.

10 MS. RITCHEY: I think you are  
11 being treated the same.

12 DR. COMPTON: No. I'm billing  
13 March and the ophthalmologist s billing the health  
14 plan. That's not the same. I would also be  
15 interested if the fees are the same as well. I know  
16 that's a law.

17 MS. RITCHEY: I don't have any  
18 insight into what the health plans are paying the  
19 ophthalmologists. So, I can't speak to that.

20 MS. GLEASON: I have a note. We  
21 need to sort through this it sounds like a bit more.  
22 I'm first here, so, I've got a note - number three on  
23 the list.

24 DR. COMPTON: Okay. You have  
25 some research to do.

1 MS. GLEASON: You are so right,  
2 sir, yes.

3 DR. COMPTON: We do have a  
4 parity law.

5 DR. BURCHETT: I do appreciate  
6 you looking into it. I would hope we would have some  
7 quick resolution because I do think it's really a  
8 travesty for the people that need these services  
9 aren't going to be able to get them because of some  
10 of these things.

11 MS. PARKER: Agree. And this is  
12 Angie with Medicaid. We will certainly be following  
13 up with United and Molina regarding March Vision and  
14 some of your issues you've brought up today.

15 DR. BURCHETT: Thank you very  
16 much.

17 The last one I have unless some  
18 of the other members have anything else to discuss -  
19 well, actually, I've got a couple of things really.  
20 I'm sorry.

21 Does March Vision have a  
22 Kentucky licensed optometrist to review the claims  
23 that are denied?

24 MS. RITCHEY: No, we don't but  
25 we don't deny any claims for any sort of medical

1 reasons. They are all denied either if the member is  
2 not eligible for services or if their benefit has  
3 been exceeded. So, there's no medical denials that  
4 are being done.

5 DR. BURCHETT: Well, I just  
6 remind you that there's another law in Kentucky that  
7 you have to have a Kentucky licensed OD to review any  
8 denied claims.

9 MS. GLEASON: I have heard of  
10 this one through related calls but let me follow up  
11 where we ended up on that because that one I am  
12 familiar with. Let me review that.

13 DR. BURCHETT: Thank you. And  
14 just a couple of more and I'm not sure how this  
15 works. It may be individual doctors to contact you  
16 all, but in the March Vision portal, it had a lot of  
17 reports that people could only bill routine services  
18 through there. They've not been able to bill any  
19 medical services through the portal.

20 And, also, I know personally  
21 for us, when we try to go in to bill, we can't bill  
22 through the portal because it always says that our  
23 taxonomy is wrong.

24 MS. RITCHEY: That one - this is  
25 Ann again at March. That should not be happening.

1       So, I will look into that and will take some action  
2       on that one as well. You should be able to bill for  
3       all the services that you're rendering including  
4       medical. So, we'll do some research on that for you.

5                       DR. BURCHETT: Dr. Burchett here  
6       again. I've heard from United here and March Vision  
7       but do we have any Molina reps on?

8                       MR. PLEASANT: Yes. Good  
9       afternoon. This is Sean Pleasant and I'm on for  
10      Molina and I've taken notes to take back as well.

11                      DR. BURCHETT: Good. Thank you,  
12      Sean.

13                      Since a lot of these, they're  
14      very pressing issues about getting service to those  
15      that need the service, my question is, you all say  
16      you're going to take it back and then come back to  
17      us. How quickly can we expect answers to questions?

18                      MR. PLEASANT: I am immediately,  
19      once I get off the call, I'm going to report it to my  
20      Director.

21                      MS. BATES: This is Stephanie  
22      Bates. Angie will take it and you'll probably hear  
23      back within a matter of days.

24                      DR. BURCHETT: Thank you,  
25      Stephanie.

1 MS. RITCHEY: And this is Anne  
2 at March. I will also get feedback in a number of  
3 days. I do need some guidance on what's the best way  
4 to give feedback. I know this is a large group. So,  
5 who should we work with?

6 MS. GLEASON: That's my  
7 question. Thank you.

8 MS. PARKER: This is Angie  
9 Parker. You can work with me. I'm with Medicaid. I  
10 sent you a message via Chat and I can send you my  
11 email address as well and, then, I can get the  
12 information to the TAC members because we will be  
13 needing to follow up on some of these concerns that  
14 have been brought up today.

15 MS. RITCHEY: Okay. I haven't  
16 looked at the Chats yet. I've been focused on making  
17 some notes but that sounds great. Appreciate your  
18 help, Angie. Thank you.

19 MS. CECIL: This is Veronica  
20 Cecil with Medicaid, and just to add to that. If  
21 it's a general issue that kind of crosses all  
22 providers, then, we would circle back and provide  
23 responses to the TAC through Sharley.

24 Obviously, individual provider  
25 issues would need to be communicated between the MCO,



1 subcontractor and the provider, except the fact that  
2 the Department will be tracking those.

3 DR. BURCHETT: Thank you. I  
4 have another quick question for you, then, with the  
5 Department tracking things. If we have no  
6 resolution, is there a way to come to the Department  
7 with our problem as well?

8 MS. HUGHES: Dr. Burchett, I was  
9 just going to say, obviously, we definitely want,  
10 especially with your contracting issues but not just  
11 contracting, if you all need to send me information,  
12 I will make sure I get with Angie and Deputy  
13 Commissioner Bates or Cecil and we'll try to get  
14 somebody it on pretty quickly for you.

15 DR. BURCHETT: Okay.

16 MS. BATES: And there's a  
17 complaint process. Angie will send that to Sharley.  
18 That's for individual providers if you can't get  
19 resolution. So, that way, you can do it formally.  
20 That's how we track those.

21 DR. BURCHETT: Okay. Thank you,  
22 Stephanie. I thought there was but I can't remember  
23 really what I had for lunch yesterday. So, I just  
24 wanted to ask. So, thank you.

25 MS. BATES: I understand that

1 but I always remember what I had for lunch.

2 DR. BURCHETT: I'll ask the TAC  
3 members, anybody have any other comments there before  
4 we move away from the March Vision topics?

5 DR. UPCHURCH: I'm good.

6 DR. BURCHETT: Good deal.

7 Steve, you good?

8 DR. COMPTON: Yes, I'm good.

9 Thank you.

10 DR. BURCHETT: Going back, we  
11 talked about the Presumptive Medicaid. The next item  
12 was I think we've seen some contracts that have in  
13 there from MCOs that Kentucky Medicaid providers have  
14 to contract with KHIE and just wanted a little more  
15 information on if that holds true for us as far as  
16 vision care goes.

17 MS. CECIL: So, MCOs who have  
18 that in their contract, can you please address that?

19 DR. BURCHETT: Well, I think  
20 that the gist of it was we asked them and they just  
21 said it was something that came through Medicaid, the  
22 Department.

23 MS. O'BRIEN: This is Jean. I  
24 know that there is - when we were going through the  
25 readiness, there was some information in the new

1 contract around having the providers contract with  
2 KHIE. And I know I asked because I wanted to see if  
3 it was actually around dental vision and all that.  
4 I'm not sure what the answer was, but I think it was  
5 put in their contracts because it was in the new  
6 state contract.

7 MS. ALLEN: Hello, everybody.  
8 This is Nicole with Avesis. If I may share my screen  
9 for a second, I can share with you the exact language  
10 that's in the contract.

11 MS. CECIL: Nicole, before you  
12 do that, Angie, do you have, either you or Stephanie  
13 since you guys have been involved in the contracting,  
14 do you all have anything  
15 to offer or is this something we need to take back  
16 and figure out what that means, what that translates  
17 to for providers?

18 MS. BATES: Angie, do you mind  
19 to speak to that, please.

20 MS. PARKER: Sure. The contract  
21 does address the contractor, also known as the MCO,  
22 to have a participation agreement with the Kentucky  
23 Health Exchange within one month of contract signing.  
24 So, the expectation is to work with providers to get  
25 them contracted with KHIE.

1 MS. ALLEN: And as we understand  
2 it with the message that's provided, it does not  
3 state that the provider has to participate with EHR  
4 but that they have to register their email address  
5 with KHIE.

6 Traditionally, the vision  
7 providers don't normally participate with EHR because  
8 their billing software is not compatible with EHR,  
9 and, therefore, they did not participate with KHIE in  
10 the past.

11 So, with this new requirement  
12 that the providers participate with KHIE for the  
13 vision providers, we wanted to confirm that that  
14 participation only requires the registration of their  
15 email address. Is that a correct understanding?

16 MS. PARKER: In looking at the  
17 contract, it does say if they do not have any EHR,  
18 that to sign up for direct secure messaging services  
19 which would include email addresses.

20 MS. ALLEN: Perfect. So, one of  
21 the items that we're running into is that the  
22 information that is on the KHIE website is not in  
23 line with the information that's in the current  
24 contract.

25 So, when Avesis is approaching

1 the providers about participating or registering  
2 their email address with KHIE, they will go to the  
3 KHIE website to verify or validate what we're  
4 stating. And, unfortunately, because there's a  
5 disconnect between what KHIE says and the new  
6 contract states, we're getting push-back from them  
7 registering their email address with KHIE.

8 So, if it's possible to update  
9 the KHIE website to align with the contract language,  
10 then, we would be able to support that.

11 MS. PARKER: Nicole, if you  
12 could send me some of the issues that you're seeing  
13 via secure email to me as well and I can address what  
14 issues you have had with the KHIE site and I can  
15 address it with the KHIE personnel as well.

16 MS. ALLEN: Sure. Yes, yes. I  
17 will send that after the call.

18 We had one other question in  
19 regards to the requirements within the MCO's  
20 responsibility. At this point, the way that the  
21 language is, each MCO is responsible for ensuring  
22 that the provider register their email address with  
23 KHIE which means that our providers are going to be  
24 contacted six times because we have six MCO vendors  
25 in Kentucky. And if there's one way to make a

1 provider upset is to contact them six times about the  
2 same issue.

3 Is there any way that we could  
4 possibly or that DMS could possibly either put the  
5 requirement so that the providers are only contacted  
6 once, like maybe the new CDO could assume  
7 responsibility for this measure?

8 MS. PARKER: Include that in  
9 your email with me and I can look into that as well.

10 MS. ALLEN: Okay. Sounds great.  
11 Thank you so much, Angie.

12 DR. COMPTON: Dr. Burchett, may  
13 I say something about the KHIE presentation on the  
14 MAC last week?

15 DR. BURCHETT: Feel free, Steve.

16 DR. COMPTON: Once they get it  
17 together, if it works, it could be very helpful. I  
18 don't know about your diabetic patients but most of  
19 mine have no idea what their A1c is.

20 If all that data is on this  
21 network and you can go look at it, it would be  
22 helpful and better care, better eye care, better  
23 everything if it works.

24 So, it's more than just - I  
25 know our vision software doesn't bill the same but

1 our EHR and our medical stuff, if we can get it all  
2 integrated, it would be nice.

3 DR. LEVY: Dr. Compton, this is  
4 Dr. Levy. We couldn't agree with you more. We see  
5 this as a great opportunity.

6 DR. COMPTON: Well, thank you.

7 DR. BURCHETT: The next item is  
8 it looks like at the last MAC meeting that it was  
9 reported that KYHealth.net has a spot to report  
10 missed appointments.

11 Is this something that the  
12 Department would like for optometry to come in on and  
13 use as well to report missed appointments for us?

14 MS. CECIL: This is Veronica  
15 from the Department. Yes, we would love to have  
16 volunteers. If you could send your contact  
17 information to Sharley and she will get it to the  
18 right person who will help us with that.

19 We'll reach out, depending on  
20 what the response is for volunteers. We may or may  
21 not reach out but we greatly appreciate anyone  
22 willing to do that.

23 DR. BURCHETT: Now, is this  
24 something that you all would like for our state  
25 association to put out to all of our members to

1 participate or how many are you looking for?

2 MS. CECIL: I think a sampling.  
3 I appreciate that offer, but I think if there are  
4 members that are attending this TAC that are  
5 interested in doing that for us, I think that would  
6 probably be sufficient, but I really appreciate the  
7 offer.

8 DR. BURCHETT: Okay.

9 DR. COMPTON: Dr. Burchett, I  
10 think they're doing beta testing until March 1<sup>st</sup> when  
11 they were looking for volunteers, and I kind of feel  
12 like I should because we found out about the dental  
13 codes at our TAC meeting and I threw it out at the  
14 MAC. So, I kind of feel like I should volunteer.

15 DR. BURCHETT: Steve, if you  
16 volunteer, I'll volunteer. How is that?

17 DR. COMPTON: Okay.

18 MS. ALLEN: This is Nicole, if I  
19 could ask one more question, Dr. Burchett.

20 DR. BURCHETT: Yes.

21 MS. ALLEN: Is it appropriate or  
22 would it be okay for the MCOs to also register for  
23 KHIE just for that level of communication so that we  
24 receive the updates also?

25 MS. BATES: All of the MCOs are



1 already registered.

2 MS. ALLEN: All right. So, as a  
3 vendor of the MCO, I'll ask it that way, is it  
4 appropriate for a vendor of the MCO to register also?

5 MS. BATES: I believe anybody  
6 can. We even have our DSNP which are dual plans that  
7 are registered. So, I'm happy, Nicole, to connect  
8 you with Andrew Bledsoe. He is in charge of KHIE,  
9 and I said something to Sharley that I will offer up.

10 If you all want Andrew to  
11 present on KHIE at the next TAC - he did it at the  
12 MAC but I know some of you may not have been there -  
13 he would be happy to do that. He loves to present.

14 MS. ALLEN: Thank you,  
15 Stephanie.

16 DR. COMPTON: It was a pretty  
17 good presentation, Dr. Burchett. That might not be a  
18 bad idea to have him present.

19 DR. BURCHETT: Okay. Steve, I'm  
20 going to turn it over to you because I understand the  
21 next couple are questions that you had.

22 DR. COMPTON: The one is just a  
23 followup from the last TAC. Where do we stand on  
24 Durysta coverage? Has it been added to the Drug List  
25 and all that sort of thing, and I know those things

1 take some time.

2 MS. HUGHES: We've got Dr.  
3 Jessin on the phone that can respond to that.

4 DR. JOSEPH: Hi, Dr. Compton.  
5 It has been added. We did add it with the rebatable  
6 NDC's and, then, the appropriate J code associated  
7 with it. So, it should be visible on our Physician  
8 Administered Drug List.

9 DR. COMPTON: All right. Thank  
10 you. And the next one is on contact lens billing  
11 with WellCare and Avesis and I'm a little confused on  
12 this and Cindy left the room.

13 It seems like the total benefit  
14 for materials and professional services was one  
15 amount, but if you add the two allowables together,  
16 they don't come out to that amount or something. Can  
17 we come back to that because she has gone to take a  
18 phone call and Cindy knows all that stuff?

19 DR. LEVY: We certainly can.  
20 We're ready to speak on it and provide the  
21 clarification that you need.

22 DR. COMPTON: Go ahead.

23 DR. LEVY: It'S Dr. Levy again  
24 from Avesis Guardian. I have a good amount of my  
25 team on, too, so, we'll really pinpoint some of these

1 questions and answers for you.

2 It's a value-added benefit for  
3 the adult population on the Medicaid side for  
4 WellCare. It's new because it's an allowance-based.  
5 It's a one lump sum but it is a material benefit.  
6 So, that means it's for either contact lenses or eye  
7 wear.

8 So, Dr. Compton, your  
9 professional services and fees are separate outside  
10 of this allowance. There is a set-aside routine eye  
11 exam for this population; and if there is a contact  
12 lens evaluation and fit and followup, that would be  
13 separate from the material component.

14 The whole idea of this is we  
15 want these folks to be able to get the eye wear that  
16 they need. We're presuming the majority of them will  
17 go for spectacles because that's where the greater  
18 value is for them; but if those who do want to do a  
19 designer contact lens, after the allowance has met  
20 its maximum, it would be the remainder on that member  
21 to pick up any other incurred fees for your services,  
22 if that helps.

23 DR. COMPTON: That's actually  
24 crystal clear to me. Thank you.

25 DR. LEVY: And just to make sure

1 it's good, anyone on my team, did I miss anything  
2 because you ladies have me pretty well honed in?  
3 Lornetta, Dani?

4 MS. ROEBUCK: No. You covered  
5 it, Dr. Levy. I just wanted to say to Dr. Upchurch  
6 and Compton, any questions or anything that you have,  
7 you can, as always, reach out to your Provider  
8 Relations Rep.

9 COURT REPORTER: And who just  
10 spoke, please?

11 MS. ROEBUCK: This is Lornetta  
12 Roebuck with Avesis, Provider Relations Manager.

13 DR. BURCHETT: Dr. Levy, this is  
14 Dr. Burchett. I've got a quick question. So, I  
15 think the benefit was \$150, I think. I don't have it  
16 in front of me.

17 DR. LEVY: That's correct.

18 DR. BURCHETT: And the  
19 reimbursement, though, is \$112.50.

20 DR. LEVY: That is correct.

21 DR. BURCHETT: Now, is that the  
22 same if they do glasses and if they do contacts?

23 DR. LEVY: That is correct.

24 It's a one lump sum, yes. So, they can use the  
25 benefit. They get a retail value of your UNC of up

1 to \$150. Whatever is outside of that, based on your  
2 UNC or in lab or out of lab, your choice - as you  
3 know, we offer choice - that the remainder of those  
4 monies that would be incurred for any of those lens  
5 options or what-have-you would be on the member, but  
6 the bucket is that high so that they can pretty much  
7 get what they need to meet their needs.

8 DR. BURCHETT: Okay. I just  
9 don't see it working out real well with contacts  
10 taking that big a cut on the price because, as you  
11 know, margins are thin on contacts.

12 DR. LEVY: Absolutely. Again,  
13 when this was put together, I always look at it to  
14 give someone a functional pair of glasses.

15 However, if there is a reason  
16 because there always can be a reason that someone may  
17 want to go into contact lenses and are willing to  
18 incur the remaining cost of that, and I agree with  
19 you. The lens margin is definitely different on the  
20 contact lens' side, but that's how we put these  
21 together. We really look at it in an eye wear,  
22 spectacle wear concept.

23 DR. BURCHETT: Sounds good.  
24 Thank you.

25 The other thing that I had on

1 the agenda or the TAC had is the adult glasses'  
2 benefit. I think when it rolled out in January,  
3 there was a little bit of confusion with what to do  
4 with glasses, where to send them, how to send claims  
5 in. Can you all offer a little clarity on the  
6 process with that, the glasses rebuilds?

7 DR. LEVY: Absolutely. I'll  
8 give a high level and, then, I'll bring in Dani and  
9 Lornetta again to really clarify it.

10 The benefit is new having an  
11 allowance-based program like this through Medicaid  
12 and also using a lab and allowing you to use your own  
13 lab.

14 So, as we were doing our check  
15 and making sure everything was running smooth, we  
16 found that we were missing a modifier to clarify is  
17 this in lab, out of lab? Is this just going to be a  
18 dispense or is it going to be the bucket of money to  
19 you minus the 25%?

20 So, that is what held us up.  
21 That testing has been completed. We had about 500  
22 pairs of glasses through Correct Lab and I want to  
23 just defer to Lornetta. I think there's like 100  
24 left and they will be completed and up and will be  
25 caught up by tomorrow. Lornetta, am I correct on

1       that?

2                               MS. ROEBUCK: That is correct.  
3       Everything will be shipped out from the lab tomorrow.

4                               DR. LEVY: And, Dani, did I  
5       answer Dr. Burchett's question or am I missing a  
6       piece?   Matt, am I good?

7                               DR. BURCHETT: Mostly.   My  
8       billing person had one question.   Well, if I  
9       understand it right, if they choose from your kit, it  
10      goes to Correct.

11                              DR. LEVY: That's correct.

12                              DR. BURCHETT: And if they  
13      decide they don't want that, they want to choose from  
14      one of our boards and we want to make it for them,  
15      then, we get the lump sum.

16                              DR. LEVY: That is correct.

17                              DR. BURCHETT: What happens if  
18      they choose from your kit but wanted add-on, like a  
19      transition lens or something like that?   Where does  
20      that go?

21                              DR. LEVY: If they're choosing  
22      from our kit, they're in our lab network and, then,  
23      you as the provider would go directly to Correct and  
24      work out any of the extra lens options at your normal  
25      UNC.   That's not for us to get involved in.

1                               As soon as the bucket of money  
2       is exhausted, Matt, then, you go and add on what you  
3       want. And if you're using Correct, they are already  
4       set up with a crosswalk to be able to offer all of  
5       those extra lens options to you at a very, very  
6       reasonable rate, I've been told.

7                               DR. BURCHETT: Okay. And how  
8       would that look as far as the billing? Would we be  
9       using the modifier for the extras or how would that  
10      work?

11                              DR. LEVY: Let me defer to Dani  
12      so she can give this to you directly. Dani, if I'm  
13      not mistaken, this is the KZ modifier we're speaking  
14      about?

15                              MS. VERNIER: Yes, it is. So,  
16      the KZ modifier would be on all the add-ons that are  
17      not normally covered by a lab. So, that allows us to  
18      pay you as a lab provider for those materials as  
19      opposed to sending off the work to Correct.

20                              DR. BURCHETT: Even when we're  
21      sending something to Correct that has extra audit,  
22      right?

23                              DR. LEVY: Right, because  
24      anything that gets sent to Correct outside of the  
25      basic lens that we have and in contract with them



1 they're going to know is a lens option. So, we're  
2 set to set either a CR-39 or a straight polycarbonate  
3 lens. Anything outside of that, Matt, is an  
4 exception lens option and they will partner with you  
5 directly to make those glasses and put those add-ons  
6 in.

7 MS. VERNIER: Yes. So, the  
8 options for the adult will cover any valid HCPC code.  
9 So, any add-on is covered under that. They're not  
10 limited. So, as long as they pay out of pocket for  
11 it on the overage, you can give that to them.

12 DR. LEVY: And, again, Matt, if  
13 you have an example of something and you don't have  
14 it on you, just get it to Lornetta. She'll get it to  
15 one of the ladies instate and they'll walk you  
16 through the process.

17 DR. BURCHETT: Right. I think  
18 my billing clerk, Mary, she is talking with you all  
19 but she wanted me to ask since I was on the call with  
20 you today.

21 DR. LEVY: Perfect. Okay.

22 DR. BURCHETT: I've got one  
23 other that's not on here, Dr. Levy, if you could  
24 maybe give me some insight.

25 Was there an update on the

1 frame kits at all?

2 DR. LEVY: That's a great  
3 question and I'm pleased to say yes. Please tell me  
4 that you did get your updated kit because I have been  
5 told----

6 DR. BURCHETT: No.

7 DR. LEVY: ----that it has  
8 been updated and has been sent out.

9 DR. BURCHETT: I have not. I  
10 apologize. One of my six offices has.

11 DR. LEVY: One of them has.  
12 Okay. Lornetta, do me a favor, please. Let's just  
13 confirm with Correct Lab that all offices are  
14 completed. I know the rollout started 1/1. I just  
15 want to make sure that we're completed. It is now  
16 2/4.

17 So, we'll get back to you on  
18 that, but I do and have been told that there has been  
19 a refresh.

20 DR. BURCHETT: Thank you. I  
21 knew that we had talked and it had been coming but I  
22 didn't know if it had made it here yet.

23 DR. LEVY: No. I appreciate the  
24 feedback. That's how we are able to go back and  
25 check.

1 DR. BURCHETT: Thank you.  
2 Steve, I think the only other one was the question  
3 you had on the Anthem/EyeQuest contact lens billing.  
4 DR. COMPTON: Yes. As I  
5 understand it - and my billing person is back in the  
6 room now - we can only bill the professional fees and  
7 the materials at the same time. In other words, that  
8 patient is here and they want contact lenses and we  
9 make the charge for the 92310, whatever it is for the  
10 professional services.  
11 We don't know what the final  
12 contact lens material is at that point. They may  
13 elect not to get them. Many things can happen but  
14 you can't, as I understand it, can't bill  
15 Anthem/EyeQuest unless you bill both things together  
16 on the same day.  
17 MS. O'BRIEN: This is Jean from  
18 Anthem. Loren, are you on from EyeQuest so you can  
19 take a look at this question? I don't know if she  
20 got back on. I believe she did.  
21 MS. LOCKE: Yes, Jean, I'm on.  
22 Actually, we did discuss this with Dr. Davis. I  
23 believe he should be on as well. He said he was  
24 going to speak to it. Dr. Davis, are you available?  
25 MS. O'BRIEN: He was on.

1           Hopefully, we didn't lose him.

2                               MS. GILBERTSON: He is on. This  
3           is Mandy Gilbertson. He may need to press \*6, but I  
4           can speak to that.

5                               MS. O'BRIEN: Okay. Thank you,  
6           Mandy. I appreciate it.

7                               MS. GILBERTSON: Sure. No  
8           problem. I can speak to that, also, Dr. Compton.  
9           There is a modifier with the code that can be  
10          submitted.

11                              So, if you are doing one  
12          portion of that, maybe the fitting like you mentioned  
13          prior to submitting for the materials' component of  
14          that, you can bill with that modifier to indicate  
15          that you are doing one portion of that if you are  
16          doing it in two separate visits like you mentioned or  
17          that they may elect not to proceed with it.

18                              DR. COMPTON: Or they may get  
19          their contact lenses from a different vendor.

20                              MS. GILBERTSON: Right.

21                              DR. COMPTON: So, what's the  
22          modifier? I've got 59 down here.

23                              MS. GILBERTSON: Yes. Modifier  
24          59, you're right, for the fitting and professional  
25          component and, then, the materials only would be a

1       Modifier 52.

2                               DR. COMPTON: Fifty-two?

3                               MS. GILBERTSON: Yes, you've got

4       it.

5                               DR. COMPTON: Okay. I think it

6       was submitted that way and it didn't exactly work but

7       maybe it's fixed now. We'll try it again.

8                               MS. GILBERTSON: Okay. If you

9       have any problems, you know how to get me.

10                              DR. COMPTON: We'll try it

11      again.

12                              MS. O'BRIEN: Okay. Let us know

13      if it's not working. Thank you.

14                              DR. COMPTON: Okay.

15                              DR. BURCHETT: Are we good,

16      Steve?

17                              DR. COMPTON: Yes.

18                              DR. BURCHETT: Unless I've

19      missed any of the topics - I know we jumped around a

20      little bit - I think that's all we had on our sheet.

21                              I would like to make just a

22      comment on the adult contact lens benefit for all of

23      you all that are providing that benefit.

24                              And I've seen it a lot in the

25      offices that I have because I'm somewhat in

1       Appalachia. I think maybe Gary and Steve and Dr.  
2       Sawyer could also echo these comments, and feel free  
3       to chime in, gentlemen, if you can, but I've seen  
4       since we've had benefits for adult contacts a lot of  
5       eye health issues in that population related to  
6       contacts where they come in and they get their  
7       fitting and they exhaust their benefit, which is fine  
8       because you all have given it to them and that's  
9       okay, but they don't ever get more contacts than what  
10      the benefit allows.

11                               And because of that, they're  
12      stretching contacts. There's more infections. Their  
13      eye health is becoming an issue from what I've seen  
14      in my practice due to abuse of the contacts because  
15      they think, well, I can get one pair or I can get a  
16      box of contacts and wear those forever.

17                               It's been an issue that I've  
18      seen and I just wanted to bring it to your all's  
19      attention, something for you all to think about for  
20      the eye health of these people that we're providing  
21      these benefits for.

22                               DR. UPCHURCH: That's definitely  
23      an issue, Matt. I had a lady one time bought a  
24      year's supply of plan lens replacement. Six years  
25      later she came back with a central corneal ulcer of

1 five millimeters and she never had bought any more  
2 contacts. She was still wearing the same contact  
3 lenses for the six years previous.

4 DR. BURCHETT: I've seen  
5 several people that come back in and wearing the same  
6 trial lens that I fit them in a year and a half, two  
7 years later.

8 DR. LEVY: So, Matt, it's Dan.  
9 I hear you loud and clear and I can't disagree with  
10 any one of you. You're all on point.

11 When we put the benefits  
12 together, we really put it together for the eye wear  
13 because it's really a medical need and it's a value  
14 benefit for folks to be able to have something.

15 I would ask you folks to use  
16 your professional and clinical judgment on who you  
17 think could or would be a good contact lens candidate  
18 and do the appropriate followup and care for  
19 themselves.

20 If you feel in your gut that  
21 these folks aren't those folks, then, that's why the  
22 benefit is set up predominantly for eye wear glasses,  
23 but I hear you. It's not only do we see it in this  
24 population. We see it in all populations for sure.

25 DR. BURCHETT: Right. And most

1 of the time, it does fall to a lot of judgment, Dr.  
2 Levy. We understand that, but sometimes, you just  
3 don't know about a person, especially if it's a new  
4 patient.

5 So, in moving forward - yes,  
6 the glasses' benefit is wonderful - but I would ask  
7 that you all just reconsider how you do the contact  
8 lens' portion of that benefit. And I know some people  
9 need contacts, like you said earlier, versus glasses,  
10 but maybe there's a better way that we can work out  
11 to look at that contact lenses' benefit.

12 DR. LEVY: Appreciate the  
13 feedback. Thank you.

14 DR. BURCHETT: Steve, just the  
15 last thing I would ask is did you get the clarity you  
16 needed earlier when we were talking about how  
17 optometrists versus ophthalmologists, where they bill  
18 to and how all that works?

19 DR. COMPTON: I don't think we  
20 got an answer but I think we've got somebody that's  
21 going to look into it and get back to us.

22 DR. BURCHETT: Okay. I just  
23 wanted to make sure that was good for what you had  
24 asked about.

25 DR. COMPTON: I have one other



1 item that's not on here, if it's appropriate. It's  
2 about medically necessary contact lenses.

3 MS. HUGHES: It's not a special  
4 meeting now, guys. So, you can bring up anything  
5 even if it's not on the agenda.

6 DR. COMPTON: I can throw it out  
7 there. We've got a patient that's a -17. So, I  
8 would have thought that would be medically necessary  
9 contact lenses. It's EyeQuest. So, I guess we tried  
10 to get a PA. We called first and they tell us, per  
11 his plan, he's not eligible for medically necessary  
12 contact lenses. He's got the elective for \$90 or  
13 whatever, but this person explained there's different  
14 plans under Medicaid. Some have medically necessary  
15 contact lens and some don't. I think that person is  
16 probably mistaken.

17 MS. O'BRIEN: Yes, certainly so.

18 DR. COMPTON: But I would think  
19 a -17, really that patient needs the contact lenses  
20 and possibly some spectacles to go over it. We're  
21 just trying to take care of the guy.

22 MS. O'BRIEN: Dr. Compton, if  
23 you can send that to me and, then, we can follow up  
24 with you on that, that one member.

25 DR. COMPTON: Okay. Cindy will

1 send it to you. We get a response back by email but  
2 we haven't been able to open it yet.

3 MS. O'BRIEN: Have Cindy send it  
4 to me and then I can work with Mandy and them to take  
5 a peak at that member and see what's going on.

6 DR. COMPTON: Thank you so much.

7 DR. BURCHETT: Any other TAC  
8 members have any other comments or questions before  
9 we wrap it up?

10 MS. HUGHES: Sorry we had the  
11 issue at the beginning. That was the first time I  
12 had had a problem like that. So, I apologize.

13 DR. BURCHETT: No problem. We  
14 resolved it quickly.

15 Personally, I would like to  
16 thank Stephanie for all the work she has done for us  
17 over the years and hope that she continues to do  
18 things that make her happy. That's all I'll say.

19 MS. BATES: Thank you very much.  
20 I appreciate that.

21 The next TAC meeting is  
22 scheduled for May 6<sup>th</sup> at 1:00. At this point, I  
23 assume it will be virtual again. Is that correct,  
24 Sharley?

25 MS. HUGHES: More than likely,

1       yes.

2                       DR. BURCHETT: Okay, and that's  
3       fine. I don't mind doing it this way if everybody  
4       else doesn't mind doing it this way either; but other  
5       than that, that's all I have. Motion to adjourn.

6                       MR. MIRACLE: Dr. Burchett, this  
7       is (inaudible) Miracle with Avesis. Just a quick  
8       question on the Zoom meetings.

9                       From a corporate perspective,  
10       we have a travel restriction at least through July  
11       which may extend due to the COVID. So, as long as we  
12       can keep the Zoom meetings as an option, that would  
13       be super awesome.

14                      DR. BURCHETT: It has worked out  
15       well for us and I don't foresee us changing in the  
16       near future but I didn't know if the Department had  
17       plans to open it back up to in-person meetings soon  
18       or not. That's why I was asking.

19                      MS. HUGHES: I would say because  
20       we understand that the President is going to extend  
21       the health emergency through the year; and if that  
22       happens, I'm sure the Governor will extend the one in  
23       Kentucky as well.

24                      So, I would say that we're  
25       probably looking at least the rest of this year as

1 | being through Zoom.

2 | DR. BURCHETT: Sounds good.

3 | Motion to adjourn.

4 | DR. UPCHURCH: I make that

5 motion.

6 | DR. COMPTON: Second.

7 | DR. BURCHETT: Thank you.

8 | MEETING ADJOURNED

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